were also requested on 15.1.79 not to take penal action against unqualified medical practitioners and keep the enforcement of penal provisions of the IMC Act, 1956 in abeyance. Subsequently the position was reviewed and it was felt that despite the lapse of considerable period of time, no tangible action had been initiated by most of the State Govts. as per the approach recommended by the Govt. of India. Also no restrictions had been imposed by some of the State Govts. to prevent the entry of fresh unqualified persons into the rank of unqualified medical practitioners. Therefore, vide letter dated 1.6.82 addressed to State/UTs it was decided that there is no longer any justification in keeping the penal provisions of the IMC Act in abeyance. Accordingly, the instructions issued by this Ministry in January, 1979 were withdrawn. Subsequently, consequent upon the judgement pronounced by the High Court of Rajhasthan and Punjab & Haryana in connection with the provisions relating to registration of unqualified medical practitioners under the Drugs and Cosmetics Rules, 1945 the whole matter is sub-judice in the Hon'ble Supreme Court of India.

Inadequate Infrastructural Facilities in Safdarjung Hospital

2672. DR. ALLADI P. RAJKUMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Safdarjung Hospital which is a prime hospital in New Delhi has become too small to cater to the large number of people visiting the hospital due to lack of adequate infrastructural facilities; and

(b) if so, the steps being taken to expand and modernise the available facilities?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) Large number of people visit Safdarjung Hospital every day. About 5000 patients attend OPDs and another 500-1000 attend the Casuality and Emergency Services. There are also 1500-2000 indoor pateints in the various wards of the hospital. Each patient is accompained by 2-3 relatives/ attendants. This puts a heavy pressure on the infrastructural facilities.

(b) The steps taken to expand and modernise the available facilities include:—

(i) The proposal for strengthening the existing Emergency & Casuality Services at an estimated cost of Rs. 285.50 lakhs has been approved by the Expenditure Finance Committee.

(ii) Rs. 115.86 lakhs were sanctioned for the purchases of equipment and Rs. 94.56 lakhs were sanctioned for construction/civil works in 1996-97.

(iii) 130 posts of various categories have been sanctioned for the Burns Ward.

(iv) Administrative Approval and Expenditure sanction has been issued for the construction of OPD Phase-III (Right & Left Wing) at an estimated cost of Rs. 16.44 crores during 9th Five Year Plan.

(v) Proposal for setting up an Arthosocopy and Sports Injury Clinic has been approved by the Standing Finance Committee, the cost of which is estimated at Rs. 230.00 lakhs.

(vi) The proposals for upgradation of the Departments of Burns and Plastic Surgery, Blood Bank, Obst. & Gynaecology, Emergency and Casuality Clinic Pathology during the 9th Five Year Plan have been posed to the Planning Commission.

Deptt. of Offical Language Govt. of India from time to time.

(b) No, Sir.

(c) and (d) Action has already been initiated to constitute a Common Cadre of Official Language posts in the Subordinate Offices of Directorate General of Health Services including CRI, Kasauli, for creating promotional avenues for Hindi staff.

National Health Policy

2676. SHRI JOYANTA ROY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any National Health Policy in operation as on date;

(b) if so, the details thereof and when the policy was inaugurated;

(c) the duration of the policy and its date of termination; and

(d) by when Government's policy of "health for all" is likely to be translated into reality?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) and (b) The National Health Policy was adopted by Government of India in 1983. The objectives envisaged under National Health Policy inter alia include commitment to the goal of "Health for All" by 2000 A.D. through the primary health care approach, encouragement to community participation, adoption of the small family norm, restructuring of medical education to meet the manpower requirements. The need to develop a referral system, to establish epidemiological stations with duly trained staff, involve traditional practitioners in health care delivery and the development of bio-medical research have also been emphasized.

(c) The policy is still effective although the goals and achievements are reviewed periodically as also the demographic and epidemiological change which have occurred with the passage of time necessitating changes in strategy.

(d) The progress made in achieving the goal set out under the Health Policy indicates that the targets for infant mortality rate, life expectancy at birth, immunization goals for pregnant women and infants and elimination of leprosy are likely to be achieved. In the case of disease like tuberculosis and blindness control more time would be needed to achieve the goals fully. A number of national programmes for the control of AIDS, Leprosy, TB, cataract, blindness and malaria are being implemented with a view to reduce the burden of disease and support the States in their endeavours to maintain public health.

Expenditure on Health

2677. SHRI E. BALANANDAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state the expenditure on health by Central Government and State Governments separately from First Five Year Plan to Eighth Five Year Plan, Plan-wise?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): A statement showing pattern of Plan Investment on Health, Family Welfare during different plan periods in public sector (Centre, States and UTs) as received from Planning Commission is given. *(See below)*